

Disability Assessment

☐ GAU
☐ TANF

SECTION A: CLIENT INFORMATION

CLIENT NAME	CLIENT IDENTIFICATION NUMBER	EQUAL ACCESS? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION B: ASSESSMENT

Disabled: GAU and TANF clients who are not able to engage in any Substantial Gainful Activity (SGA) by reason of any medically determinable physical or mental **impairment(s)** which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

	YES	NO	N/A
1. Has the person applied for Supplemental Security Income (SSI)?	<input type="checkbox"/>	<input type="checkbox"/>	
a. If yes, is a current signed IARA on file? Send IARA agreement request letter, DSHS 14-503.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the person claiming a presumptive SSI listing? If yes, refer the person directly to SSA.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is the person claiming a condition listed as a Compassionate Allowance? If yes, refer the person to SSA.	<input type="checkbox"/>	<input type="checkbox"/>	
Answer the following questions to evaluate whether a person should be referred for SSI facilitation:	YES	NO	N/A
4. Do the person's impairments appear to meet a Supplemental Security Income (SSI) listing?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Was the person previously approved by DDDS/SSA based on the current impairments?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is the person currently disabled and expected to continue to meet disability criteria for at least 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the person 55 or older and no longer medically capable of performing past work?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is the person 50 or older with a sedentary residual functional capacity with no high school degree/GED and no sedentary work experience?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do age, work, social, and educational history indicate that the person has significant barriers to participating in vocational rehabilitation services or training to learn for at least 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Has the person been approved for GAU for 12 continuous months or more? If yes, review records to determine if impairments meet disability criteria. Document in the Social Services case convincing reason for referral or non-referral for GA-X.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the person received TANF for 48 months or more WITHOUT part-time or full-time work (PT or FT) due to serious or significant physical and/or mental health conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Was WorkFirst participation deferred for 12 months or more for physical and/or mental health conditions (XG or SM) based on objective medical evidence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of questions 4 – 9 is yes, or if question 10 is marked yes and the person's impairments appear to meet disability criteria, do the following:

FOR GAU CLIENTS:

- Use SSPS Code 6220 to pay for GA client medical record or evaluation services;
- Request GAX for the client (not necessary when case is active as GA-Disabled); and
- Refer to SSI Facilitator for decision on facilitation services.

FOR TANF CLIENTS:

- Request relevant past medical records and social services records (i.e., DDD services, Children's Services, DVR services, Mental Health services, HCS, etc.);
- Review client medical records for objective medical evidence;
- Conduct a case staffing to determine if case should receive SSI facilitation services; and
- When necessary, use Support Services Funds to pay for additional medical records or evaluation services.

COMMENTS